

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 59th LEGISLATURE - REGULAR SESSION**

#### **JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

**Call to Order:** By **CHAIRMAN CHRISTINE KAUFMANN**, on January 19, 2005 at 8:05 A.M., in Room 472 Capitol.

#### **ROLL CALL**

**Members Present:**

Rep. Christine Kaufmann, Chairman (D)  
Sen. Dan Weinberg, Vice Chairman (D)  
Sen. John Cobb (R)  
Rep. Joey Jayne (D)  
Sen. Greg Lind (D)  
Rep. Penny Morgan (R)

**Members Excused:** Rep. Walter McNutt (R)

**Members Absent:** None.

**Staff Present:** Pat Gervais, Legislative Branch  
Laura Good, Committee Secretary  
Lois Steinbeck, Legislative Branch

**Please Note.** These are summary minutes. Testimony and discussion are paraphrased and condensed.

**CHAIR KAUFMANN** called the meeting to order and introduced Public Testimony regarding the Addictive and Mental Disorders Division (AMDD) Mental Health programs and services.

**Ms. Kathy McGowan**, spoke as a representative of four community mental health centers, as well as a representative of the Montana Sheriffs and Peace Officers Association and Montana's county attorneys. She provided the committee with a brochure entitled: "Montana's Community Mental Centers: What You Need to Know," and directed members to the third inner pane, which covered 2005 Community Mental Health Priorities.

**EXHIBIT(jhh14a01)**

***{Tape: 1; Side: A; Approx. Time Counter: 10.3}***

**SEN. KIM GILLAN, SD 24, BILLINGS**, spoke in support of a line item for drop-in mental health centers, which the legislature funded until 2002. She characterized them as a critical aspect of community mental health services, and stated that the Billings drop-in mental health clinic faced June closure without immediate appropriation. **SEN. GILLAN** stated that the requested \$350,000 line item would also provide for drop-in mental health centers in Helena, Missoula and other funds-matching communities.

**Ms. RaNay Keller**, a mental health service recipient who is bi-polar and has multiple sclerosis, is the only one of 357 service recipients served by the Golden Triangle Community Health Services who qualifies for both Medicare and Medicaid. She reported to the committee that her medications cost \$1,600 per month, and that she provides for herself and two daughters using Social Security funds and the salary from her part-time job. She urged the committee to develop secure community crisis intervention centers, and to provide mental health services training to police officers, who are usually first responders for mental health crises.

***{Tape: 1; Side: A; Approx. Time Counter: 16.4}***

**{Tape: 1; Side: A; Approx. Time Counter: 16.5}**

**Ms. Mignon Waterman, Vice Chair, Mental Health Advisory Oversight Council**, expressed her esteem for the work of Ms. Joyce De Cunzo, Administrator, Addictive and Mental Disorders Division (AMDD). She advised the committee to meet AMDD's funding request for five staff positions. She also encouraged members to provide for or mandate state-wide mental health first-responder training for police officers. Finally, she voiced the Mental Health Advisory Oversight Council's support for the Preferred Drug List (PDL), as recommended by the recently closed Preferred Drug List Council.

**EXHIBIT(jhh14a02)**

**Dr. Stephen Nagg, Helena-based psychiatrist**, member of the Medicaid D.U.R. Board and Montana Blue Cross Pharmacy and Therapeutics Committee, carries more psychiatric patients than any other psychiatrist at Golden Triangle Community Health Services. He stated that the Mental Health Services Plan (MHSP) prescription drug benefit is inadequate, and suggested that Montana alleviate its psychiatrist shortage through more concerted recruitment at national conferences and meetings.

**{Tape: 1; Side: B}**

**SEN. GREG LIND, SD 50, MISSOULA**, asked what percentage of psychiatrists in Helena have hospital privileges.

**{Tape: 1; Side: A; Approx. Time Counter: 2.8}**

**Dr. Nage** estimated that one-third of Helena's psychiatrists have hospital privileges.

**Ms. Jenny Kelly, PACT team leader**, urged PACT expansion within Helena and Billings and into other Montana communities. She also introduced testimony from PACT participants and supporters.

**EXHIBIT(jhh14a03)**

**EXHIBIT(jhh14a04)**

**EXHIBIT(jhh14a05)**

**EXHIBIT(jhh14a06)**

**EXHIBIT(jhh14a07)**

**EXHIBIT(jhh14a08)**

**EXHIBIT(jhh14a09)**

**EXHIBIT(jhh14a10)**

**EXHIBIT(jhh14a11)**

**EXHIBIT(jhh14a12)**

**{Tape: 1; Side: B; Approx. Time Counter: 5}**

**Ms. Carol Hornsby** and **Mr. Hunter Lamb**, PACT participants, offered enthusiastic support for PACT's services, which have helped each of them stay on their medications, manage their illnesses, and develop self-esteem, confidence, and excellent independent living skills.

**EXHIBIT(jhh14a13)**

**Ms. Liz Moore**, parent of a 21-year-old son who is a PACT participant, described how PACT helped her son make a positive and complete transition from Montana State Hospital (MSH) to the community; and helped their family remain in-tact during a difficult time. She characterized PACT as the most intensive outpatient service available.

**Mr. Scott Small**, **Ms. Christi Hansen**, **Mr. Larry Bebbe**, and **Mr. John Barnard** told the committee that PACT participation had helped them stay on their medications, manage their illnesses, and develop self-esteem, confidence, and excellent independent living skills. **Mr. Barnard** noted that PACT participation has helped him move toward a job and college, rather than prison, while **Ms. Hansen** said that PACT participation has helped her avoid another institutionalization.

**EXHIBIT(jhh14a14)**

**EXHIBIT(jhh14a15)**

**EXHIBIT(jhh14a16)**

**EXHIBIT(jhh14a17)**

**{Tape: 1; Side: B; Approx. Time Counter: 17.8}**

**Mr. Reese Johnston** described difficulties he and his son (both mentally ill) have faced in securing adequate treatment. He vouched enthusiastically for the PACT program, stating that it helps mentally ill individuals keep from committing crimes caused in large part by their ailment.

**Dr. Carl Keener**, half-time psychiatrist with PACT in Helena, vouched for the substantially higher quality of life experienced by PACT participants, as opposed to MSH service recipients.

**EXHIBIT(jhh14a18)**

**Mr. Jacob Wagner**, mental health service recipient, member of the Mental Health Oversight Advisory Council and the National Alliance for the Mentally Ill (NAMI), urged continued support of the SAA program.

**{Tape: 1; Side: B; Approx. Time Counter: 25.4}**

**Mr. John Lynn, Deputy Director, Western Montana Mental Health Center**, and member of the Mental Health Oversight Advisory Council, strongly recommended the development of secure community crisis facilities. He asserted that such facilities would lower average MSH stays for civil/involuntary commitments.

**{Tape: 2; Side: A}**

**Ms. Cheryl Liedle, Lewis and Clark County sheriff**, member of the Mental Health Oversight Advisory Board, and Board Member of the Montana Sheriffs and Peace Officers Association, urged the committee to provide mental health crisis intervention training for law enforcement officers.

**"Montana" David Miller**, mental health care recipient with schizophrenia, began receiving care from state and community mental services at the age of seven. He described for the committee his experiences in the system.

**Ms. Donna Johnston**, wife of Mr. Reese Johnston, provided her perspective as a care giver for her husband and son, both of whom suffer from mental illnesses. She expressed her enthusiastic support for PACT, and urged PACT expansion and funding increases.

**Ms. Cindy Dolan**, past president, Montana Mental Health; current member, Montana Board of Visitors; founder of Great Falls-based For The Kids, caring for children who age out of AMDD services; is the mother of a 22-year-old son who suffers from schizophrenia. She reported recent decreases in Montana supportive services for the mentally ill.

**{Tape: 2; Side: A; Approx. Time Counter: 16.8}**

**Mr. Miguel Gardipee**, is an 18-year-old man who has aged out of the foster care system. Despite documented financial hardship and serious mental health problems, Mr. Gardipee has faced myriad difficulties in securing mental health services from state and community programs.

**Mr. Orville John Wright**, mental health care recipient, discussed with the committee his involvement in state services since entering the foster care system at 10 years of age. He expressed his overwhelming enthusiasm for the PACT program, and asserted that PACT helps him remain in the community, rather than going to prison or MSH.

**{Tape: 2; Side: A; Approx. Time Counter: 22.3}**

**Mr. John Krutar**, the father of a son who suffered his first mental health breakdown at the age of 28, recounted his son's complete mental rejuvenation under PACT program care. He told the committee that PACT care surpasses any other services available through private or public health services, and shared that after four years in the PACT program his son has recently resumed his mechanical engineering career. He urged PACT expansion and funding increases. He provided the committee with written testimony as well.

**EXHIBIT(jhh14a19)**

***{Tape: 2; Side: B}***

**Mr. Aart Dolman**, professor of international law and lifelong mental health advocate, asked the committee to develop secure community crisis stabilization centers and to support utilization of computer/internet technology in increasing care access for mentally ill persons.

**Dr. Donald Harr**, retired psychiatrist, member of the Mental Health Oversight Advisory Council and the Montana Psychiatric Association, expressed the need for post-prison discharge mental health services for the mentally ill. He also urged the continuation of MHSP, especially the prescription drug component; HIFA waiver support, development of secure crisis stabilization facilities, and recruitment of more psychiatrists to Montana through a 150% provider rate increase. **Dr. Harr** went on to voice major support for the PACT program and urged PACT expansion and funding increases.

**EXHIBIT(jhh14a20)**

**Mr. Tom Peluso**, chair of Bozeman NAMI, member of Mental Health Oversight Advisory Council, and member of the Board of Directors for the Central SAA, discussed SAA development and urged continued SAA support.

***{Tape: 2; Side: B; Approx. Time Counter: 14.2}***

**Mr. Curt Chisholm, NAMI-Montana**, remarked on the increased openness of the mentally ill community over the thirty years he has acted as a mental health advocate in Montana. He advised the committee to expand and increase funding for PACT and MHSP, and to develop security community crisis stabilization facilities. He stated that with an estimated 40 million Montanans suffering from mental illness, the state is in the midst of a public health crisis. He reported that 18,000 Montanans receive care through the public mental health care system, and said that of the 170-

190 suicides in Montana every year, 90% of those who end their lives are seriously mentally ill. He provided the committee with a packet of information on NAMI-Montana, which included the major points of his testimony.

**EXHIBIT(jhh14a21)**

***{Tape: 2; Side: B; Approx. Time Counter: 27.1}***

**Ms. Anita Roessmann, Montana State Advocacy Program**, supported the addition of five AMDD field staff positions, SAA development, PACT expansion and funding increases; and per the PACT model, the addition of a Peer Specialist to every PACT team. She also urged the committee to increase MHSP prescription drug benefits and voiced her concerns about how the HIFA waiver restrictions might affect this benefit.

***{Tape: 3; Side: A}***

**Ms. Bonnie Adee, Montana Mental Health Ombudsman**, voiced the need for secure community crisis stabilization facilities, increased PACT funding and PACT expansion, and the preservation of MHSP. She provided a handout on and discussed the issue of mentally ill prisoners' problems in accessing AMDD programs once they are released from prison.

**EXHIBIT(jhh14a22)**

**Ms. Janie McCall, Montana Children's Initiative Provider Association and Deaconness Billings psychiatric services**, offered her support for the HIFA waiver and discussed challenges specific to mental health care service recipients and providers in the Billings area.

**Ms. Deb Matteucci, Montana Mental Health Association**, urged the addition of five AMDD field staff positions, SAA development, and PACT expansion and funding increases.

***{Tape: 3; Side: A; Approx. Time Counter: 22.2}***

**Mr. Frank Lane, Executive Director, Eastern Montana Mental Health and Chemical Dependency Center**, addressed problems such as the shortage of qualified mental health professionals, including advanced degree social workers and Licensed Addiction Counselors (LAC's). He also reported that 50% of MSH discharges are not Medicaid or Medicare eligible and cannot pay for community-based health care services. He went on to describe ways in which the private health insurance industry complicates the securing of mental health services, and asserted that only 17 states require

private health insurance companies to offer full parity of care for physical and mental illnesses.

**Mr. Jim Fitzgerald, Executive Director of Inter-Mountain Regional Children's Home**, voiced his support for SAA.

*{Tape: 3; Side: B}*

**Mr. Jeff Folsom, AWARE, Inc.**, discussed the importance of the HIFA waiver, MHSP, increased funding for and expansion of PACT teams, and the development of secure community crisis stabilization facilities.

Following a short break, **CHAIR KAUFMANN** introduced testimony on the Chemical Dependency programs and services.

**Mr. Mike Rupport, Boyd Anderson Chemical Dependency Center**, expressed his enthusiasm regarding AMDD leadership and system changes.

**Mr. Roger Curtiss, LAC and past President, National Association of LAC's**, was a chemical dependency program service recipient 25 years ago. He echoed Mr. Rupport's sentiments and urged AMDD to coordinate its chemical dependency efforts with the Department of Transportation and the Department of Corrections.

**Mr. Frank Lane, Executive Director, Eastern Montana Mental Health and Chemical Dependency Center**, also applauded AMDD's new leadership and its forward-thinking initiatives. He requested the removal of administrative, Medicare, Medicaid and other impediments to coordinated care of co-occurring mental health and chemical addiction problems.

*{Tape: 3; Side: B; Approx. Time Counter: 14.5}*

**SEN. DAN WEINBERG, SD 2, WHITEFISH**, asked Mr. Curtiss about preferred treatments for methamphetamine addiction recovery.

**Mr. Curtiss** stated that the best methamphetamine addiction recovery programs devise individualized treatment processes that address psychological, physical and emotional aspects. He followed up, stating that good recovery facilities have a 50% recovery rate for methamphetamine addicted persons, and that persons with methamphetamine addiction relapses are eligible for state programs.

Responding to a question from **REP. PENNY MORGAN, HD 57, BILLINGS**, regarding the reason for LAC staffing shortages, **Mr. Curtiss** stated that the general decrease in individuals entering mental



health professions is due in part to a decrease in salaries, increases in education requirements, and a decreasing lack of interest in mental health professions on the part of persons who have completed addiction recovery.

**{Tape: 3; Side: B; Approx. Time Counter: 29.3}**

**SEN. GREG LIND, SD 50, MISSOULA,** asked Mr. Lane how persons enter the chemical dependency programs when they are taken to the emergency room following and/or due to the effects of intoxication and drug use.

**Mr. Lane** explained that an on-call crisis counselor responds to the call from the Emergency Room. The counselor comes to the hospital to complete an evaluation of the service recipient, who may be kept in the hospital for several days until they are stable and able to undergo an evaluation. Following in-patient treatment, the crisis counselor will refer the service recipient to community services in his or her home city.

In response to a follow-up question, **Mr. Lane** agreed that increased education requirements have contributed to LAC shortages.

**{Tape: 4; Side: A}**

**CHAIR KAUFMANN** asked **Mr. Rupport** why he and his organization are not requesting increased funding for chemical dependency programs.

**Mr. Rupport** responded that he and his organization are not requesting increased funding for chemical dependency programs because they do not receive general fund monies, only alcohol tax and Federal Block Grant funds.

**Mr. Mullen, Deputy Administrator, Addictive and Mental Disorders Division,** referred the committee to Page 47 of the AMDD Budget Request for chemical dependency program funding information.

**CHAIR KAUFMANN** requested more information from AMDD about why Peer Support Specialists were not included in PACT teams.

**Ms. Lou Thompson, Bureau Chief, Mental Health Services,** stated that when Montana first developed its PACT teams in 1999, the Peer Support Specialist position was not a required component. She also reported that there have been questions about the ability to support additional PACT team members under the current provider rate.

**{Tape: 4; Side: A; Approx. Time Counter: 6}**

At the request of **REP. JOEY JAYNE, HD 15, ARLEE, Ms. Steinbeck, Ms. Thompson and Ms. Joyce De Cunzo, Administrator, Addictive and Mental Disorders Division (AMDD)**, clarified the ways in which AMDD utilizes and incorporates ideas generated by SAA's.

**Mr. Mullen** told the committee that the debt service item in AMDD's budget pays mainly for leased computers, as well as a small number of leased vehicles.

**Ms. Steinbeck** provided a detailed description of the Behavioral Health Inpatient Facilities (BIFs), which were discussed during the last legislative session but never implemented. **Mr. John Chappuis, Deputy Director, DPHHS, and Ms. De Cunzo** also provided information.

**{Tape: 4; Side: B}**

**Ms. Steinbeck** stated that if the committee so desired, it could request that AMDD provide information about structure and funding for a pilot program regarding secure community crisis stabilization centers, and present it to the committee.

**SEN. WEINBERG** voiced his support for such a proposal and presentation.

**Ms. De Cunzo** provided further information about development ideas regarding secure community crisis stabilization centers.

**Mr. Mullen** clarified information presented on Page 38 of the AMDD Budget Request, regarding the stabilization account and the Governor's Budget.

**Ms. Steinbeck** provided for the committee detailed information about MHSP funding sources. **Mr. Mullen** also provided comments.

**Ms. Steinbeck** went on to explain to the committee why DUI testing is included in the AMDD budget, and to summarize funding and appropriations nuances regarding FTE's.

**{Tape: 4; Side: A; Approx. Time Counter: 19}**

**Ms. De Cunzo** offered final remarks on secure community crisis stabilization facilities development and funding issues.

**Ms. Steinbeck** briefly reviewed statutory guidelines regarding HB 2, overviewed AMDD Executive Action and Disability Services

Division (DSD) Executive Action, and provided Summaries of DSD Decision Packages (DP's) and Mental Health DP's.

[EXHIBIT\(jhh14a23\)](#)

[EXHIBIT\(jhh14a24\)](#)

The following exhibits were submitted following proceedings:

[EXHIBIT\(jhh14a25\)](#)

**ADJOURNMENT**

Adjournment: 12:00 P.M.

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REP. CHRISTINE KAUFMANN, Chairman

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LAURA GOOD, Secretary

CK/LG

Additional Exhibits:

**EXHIBIT ([jhh14aad0.PDF](#))**